

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/316033	FILING DATE
APPLICANT(S)	..	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
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TOTAL D.	3					
TOTAL DEP.	17					
TOTAL AIMS	20					

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TOTAL INC.			
TOTAL DEP.			
TOTAL CLAIMS	-		

O-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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